

**TRANSPORTATION PROVIDER  
CENTRAL FINANCE OFFICE (CFO) AGREEMENT CHECKLIST**  
**PLEASE WRITE LEGIBLY, IN BLACK OR BLUE INK, AND DO NOT USE HIGHLIGHTER.**  
Indicate with a ✓ on the line provided if item is included in the packet.

**Checklist:**

- \_\_\_\_\_ Completed and signed Transportation Provider Payee Agreement
- \_\_\_\_\_ W-9 Request for Taxpayer Identification Number and Certification
- \_\_\_\_\_ Proof of automobile insurance
- \_\_\_\_\_ Copy of a valid Missouri driver's license

**PLEASE SUBMIT ALL ITEMS LISTED ABOVE ALONG WITH A COPY OF THIS  
COMPLETED CHECKLIST TO:**

**CFO Provider Enrollment  
Covansys  
Attn: Missouri Provider Enrollment  
PO Box 29134  
Shawnee Mission, KS 66201-9134**

For questions please contact the CFO at 1-866-711-2573 or [mofsenroll@pdainc.com](mailto:mofsenroll@pdainc.com)